



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	10/765,998
		<b>Filing Date</b>	January 29, 2004
		<b>First Named Inventor</b>	Cassius ALMEIDA et al.
		<b>Group Art Unit</b>	Unknown
		<b>Examiner Name</b>	Unknown
Total Number of Pages in This Submission	9	<b>Attorney Docket Number</b>	C04113-000045US01

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Application Data Sheet <input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i> : _____
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-1165 (C04113-000045US01) for the above identified docket number.

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm <i>or</i> Individual name	Jason H. Vick, Reg. No. 45,285 Miles & Stockbridge P.C. 1751 Pinnacle Drive Suite 500 McLean, VA 22102
Signature	
Date	April 20, 2004

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> <b>[37 CFR 1.8(a)]</b>	
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